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THE

MEDICAL AND SURGICAL REPORTER.

No. 650.]

PHILADELPHIA, AUGUST 14, 1869.

[Vol. XXI.—No. 7.]

ORIGINAL DEPARTMENT.

Communications.

RUPTURE OF THE UTERUS.

By B. F. BROWN, M. D.,

Onida, Illinois.

Was called to attend Mrs. L.— July 20, in her sixth labor. Her previous confinements had been very easy and quick, with one exception, six years ago, when craniotomy was resorted to. She is a strong, muscular woman, and accustomed to hard work in and out of doors. Her labor-pains commenced yesterday at 12 m., when she was at work over the wash-tub, and in two hours afterwards, the membranes ruptured with a large flow of water. The neighbor women were called in, and they say her pains were very severe until morning, when they left her. I am called at noon; found her having slight pains every fifteen minutes; general appearance good; pulse natural; vomits when she drinks much water; has taken no food for twenty-four hours; ordered her to take cold milk instead of water; on digital examination found a vertex presentation, but head high up in the pelvis. The os uteri fully dilated, as (I then supposed), and as the examination caused some pain, did not make a very thorough one, but sat down to wait for further developments.

At 9 p. m., there being no change in the position of child, and the pains very slightly increased, gave Fl. Ex. Ergot, one drachm; repeated in one hour, without any apparent effect but to increase the vomiting, which she has had more or less all day. Her bowels at

this time were quite painful to press upon; pulse frequent, but full; thirst increased.

At 2 a. m.: Position of child the same; her pains nearly all the time, but not good labor-pains; pulse frequent and small; great thirst; vomiting every five minutes; determined to try and deliver with forceps; when making examination to find the exact position of child's head, discovered it presented through a rent in the uterus, which extended from the os back, and a little to the left side, and as far up as I could reach my fingers. I tried to introduce the forceps, but could not get but one blade upon the head, and for the first time there was a slight hemorrhage. I then gave her morphia—grains one-fourth, every hour, which quieted her pains, and called Drs. COOPER and BACON in counsel.

Nothing was done for her or child, and she died at 8 p. m., undelivered, thirty-two hours after labor commenced, and twenty hours after I was called in. No autopsy could be obtained.

I am satisfied this rupture existed previous to making the first examination, for the pains at that time were greatly aggravated and prolonged when making the examination, but failed to press the head down into the pelvis as they should at that stage of labor. But I attributed this to the large quantity of water which she lost when the membranes were ruptured. Several times during the afternoon she told me, "Now its coming, for I felt it." But upon examination found no change. I think what she felt was the further rupture of the uterus.

Why was there no more hemorrhage externally? And is it common for a woman to have her labor-pains regular for fourteen hours after a ruptured uterus?

THE THERAPEUTICS OF DYSENTERY.

By Q. C. SMITH, M. D.,

Altha, Mo.

We have taken particular pains to read every standard work, concerning Dysentery, as well as every monograph or essay within our reach, and we find, that, in regard to its pathology or therapeutics, all, more or less, disagree. It would be a useless expenditure of time and space to rehearse all each one has said or written in regard to this disease. Therefore we will content ourselves with giving to the public the benefit of our experience with respect to the treatment. We do not claim that our mode of treatment is *altogether* original, or that it will be *universally* successful.

To make a long matter short, our treatment is as follows: When we are called to a patient presenting unmistakable symptoms of dysentery, we, first, remove all complications, at least as far as time and circumstances will admit of. In other words, our endeavour, so to speak, is to enucleate it from all other diseases. This being done, as far as prudence would indicate, we proceed to administer the following:

R. Peach-leaf syrup,	℥iv.
Syrup of ipecac,	℥ij.
Arom. syrup rhubarb,	℥ij.
Acetate morphia,	gr. viij. M.
Ft. Sol.	

S.—Give one teaspoonful every two hours through the day, letting the patient rest undisturbed through the night.

If this amount causes the patient to vomit, diminish the dose until the stomach will retain it.

As to diet, we are not particularly choice, but if the patient can partake of it we direct them to use in the lowest stages, while the stomach is feeble, mutton soup, and as the stomach becomes stronger mutton itself, in moderate quantities.

The "Peach Syrup" referred to in the prescription is not officinal, but may be prepared by any one, thus:

Fill a kettle, of any size, with fresh, well matured, peach leaves, add enough water to cover the leaves, weighting the leaves down, boil gently one hour, remove the leaves, strain the liquor, and while hot add sugar to make a very sweet syrup, and when nearly cool add one ounce of peach brandy, and 2 grs. gum-camphor to each quart of syrup. Let it remain in bulk twenty-four hours, then draw off and bottle for use.

Medical Societies.

OTSEGO CO. (N. Y.) MEDICAL SOCIETY.

The Otsego County Medical Society met at the Court House, on Tuesday, the 20th ult. President, Dr. G. W. Cook.

Dr. Boorn read a report of a case of traumatic tetanus, which was referred to the publishing committee.

Dr. Sprague reported that the committee on Treasurer's accounts had examined the same, compared them with the vouchers, and found them correct. Report received and approved, and the committee discharged.

On motion of Dr. Parshall, Dr. C. W. Frisbie was duly elected a member, and united with the Society, after presenting his diploma and the usual credentials.

The Secretary read an application for membership from Elizabeth D. Pope, M. D., and Mary A. Bassett, M. D. Thereupon a brisk and somewhat general discussion began, and continued for an hour. The topic was "new;" the institution at which they claimed to have graduated, was "unrecognized" in this State, and confessedly "not in good odor" in the State where it exists; "nothing was known of its Faculty, or the extent of the qualifications required," &c., &c. Some single gentlemen thought the presence of ladies "would embarrass and restrict debate;" but the benedicts "knew better." They had "tried it," and assured the fearful ones that the "range of topics was certain to be extended," and that whether a conclusion was "ever reached, would depend mainly on the male members." Finally, on motion of T. B. Smith, for the purpose of saving time, the subject was referred to a committee of three, who were to report in the evening.

Drs. T. B. Smith, Halsey and Sprague were appointed said committee.

"The use and abuse of mercurials" was next discussed by Drs. L. H. Hills, T. B. Smith, Halsey, Sprague, Drake, Crafts, Leaning, and Bassett.

EVENING SESSION.—The Society met pursuant to adjournment.

The committee on the application of Dr. Pope and Dr. M. A. Bassett reported adversely thereto.

Dr. Leaning moved that the report be accepted and approved.

Dr. L. H. Hills opposed the motion; and after some explanations and assurances made by Dr. W. T. Bassett, Dr. Halsey asked leave to amend his report in favor of granting the application.

Dr. W. T. Bassett then moved to refer the subject back to the committee, to report this evening.

Dr. Leaning moved to amend by substituting "at the next meeting," for "this evening."

Dr. Bassett accepted the amendment, and it was agreed to.

Dr. Leaning reported an interesting case of encephaloma of the face.

Dr. T. B. Smith reported a case of "erysipalatus meningitis, followed by diphtheria."

Dr. L. H. Hills reported a case of fracture of the femur, with his treatment.

The thanks of the Society were unanimously voted to Harvey W. Brown, Sheriff, for his kindness in granting the Society the use of the Court House.

The Secretary was directed to notify all persons eligible to membership, that it is their legal duty to unite with this Society.

Dr. Leonard was re-appointed to read an essay at the next meeting. "The treatment of Rheumatism" was selected for oral discussion at the same time.

Dr. Lathrop moved that the semi-annual meeting be held at Cooperstown. Carried.

The President then read his valedictory, which was referred to the publishing committee.

The Society then adjourned.

MINNESOTA STATE MEDICAL SOCIETY.

Pursuant to adjournment from St. Paul, last February, the society convened in Owatonna, June 15, 1866, at 11:30 A. M.

Dr. Samuel Willey, President, being absent, Dr. J. H. Murphy, of St. Paul, was chosen chairman.

First in order of business came the admission of new members, and the following committee on credentials was appointed:

Drs. Noyes, Mattocks, and Lindley.

Dr. H. Kimball, essayist, appointed at the last meeting, being unavoidably absent, his paper on Rheumatism was read by Dr. W. F. Hutchinson, of Minneapolis, and placed on file.

A long discussion ensued upon the points presented by Dr. Kimball, participated in by several members, and it was the opinion of nearly all present that the climate of this State has been unjustly condemned as exercising a harmful influence upon this disease.

At 3:30 P. M., Dr. Willey, President, arrived and assumed the chair.

Dr. Rhodes, of Stillwater, introduced a resolution prohibiting the admission of any person to membership in the Society, until he had presented to the committee on credentials, full and satisfactory evidence that he was a regular practitioner of medicine. After some debate by Dr. Adams, of Hastings, and the president, the resolution was adopted.

The report of the several county committees, appointed to ascertain the names and number of regular and irregular practitioners in the State, then made the following report:

Counties.	Regular.	Irregular.
Ramsey.....	24	21
Hennepin.....	18	21
Washington.....	4	5
Fillmore.....	11	8
Dacotah.....	5	4
Houston.....	4	5
Wabasha.....	8	4
Steele.....	5	4
Olmsted.....	8	6
Goodhue.....	8	4
Winona.....	20	9
Dodge.....	4	2

Dr. Murphy announced that the President, Dr. Willey, had authorized him to offer for competition among the members of the society the following prizes:

Fifty dollars for the best essay on the epidemic and endemic diseases of Minnesota, and

Fifty dollars for the best essay upon Cerebro-spinal Meningitis—the relative merits of the essays to be decided upon by a committee to be appointed by the President, the names of the competitors not to be made known until after the award of the prizes.

On motion of Dr. Mattocks, of St. Paul, a vote of thanks was tendered to Dr. Willey for his generous offer.

Dr. Mattocks then opened the subject for discussion, Quackery, in a spirited address. A lively debate ensued, participated in by Drs. Rhodes, Murphy, Hutchinson, Blond and others—when, on motion the subject was changed to Typhoid Fever. This having been thoroughly discussed, on motion of Dr. Milligan, of Wabasha, the following committee was appointed by the chair to investigate the cause and treatment of Typhoid Fever, to report at the next annual meeting. Drs. Milligan, Richardson, and Mayo.

The members having been presented with certificates of membership, handsomely lithographed upon parchment, a motion was made by Dr. Hutchinson, of Minneapolis, to adjourn *sine die*.

FAYETTE COUNTY IND., MEDICAL SOCIETY.

The quarterly meeting of this Society was held in Connersville on the 1st ultimo.

The following gentlemen are the officers of the Society:

A. KOGLER, President; G. W. Garver, Vice President; J. Chibbove, Recording Secretary; W. S. Pepper, Corresponding Secretary; W. H. Smith, Treasurer; D. D. Hall, V. M. Gregg, Censors.

—The *Union Medicate* announces that the Swedish Faculty of Medicine is about to open its doors to female doctors, and to issue diplomas equivalent as regards the practice of the profession to those given to men.

—Miss Garrett has passed the second examination for M. D., at the University of Paris.

EDITORIAL DEPARTMENT.

Periscope.

Iodide of Ammonium in Diseases of the Glandular System.

Dr. I. WARING-CURRAN writes to the *Medical Press and Circular*:

The iodide of ammonium in diseases of the glands I find by experience a much more active therapeutic agent than that of the iodide of potassium, whether internally administered or locally applied. In the following forms of glandular diseases I can testify to its efficacy and curative properties, and have no hesitation in pronouncing it one of the best preparations with which I am acquainted.

GOITRE.—There is no part of England wherein I have seen more cases of bronchocele than at Bacup, a cotton manufacturing valley, about twenty miles from Manchester. Sixty per cent. of the female population suffer from goitre in some shape or form. The usual history is, that it commences "*during the pains of the first labor.*" I have had ample opportunity of remarking the accuracy of the statement that there was a connection between goitre and the uterine functions, that the gland became enlarged during the menstrual period, and particularly so in old goitres in women about change of life, when the discharge is scanty and the color altered. All the several varieties of bronchocele are to be seen in the valley of Rossendale. One patient is so unfortunate as to possess one which I am confident would weigh fourteen pounds; it extends over the clavicles and sternum, upon which latter it rubs, and causes little inconvenience apparently. The enlargement has been steadily increasing for thirty-seven years.

Cases of incipient goitre treated soon after their being first observed with the iodide of ammonium, made good and permanent recoveries. I prescribe the iodide thus:

R. Ammonii iodidi, gr. xl.
Spiritus chloroformi, ℥j.
Aque camphoræ ad, ℥viij.

Cap. ℥j., ter in die.

At the same time I direct the following cerate to be rubbed into the growth night and morning:

R. Ammonii iodidi, ℥ij.
Glycerinæ, ℥ij.
Adipis benzoat, ℥jss.

In some few cases I have obtained great benefit by stopping the iodide of ammonium mixture for a few days, and substituting the hypophosphites of

lime. Hitherto, I have inwardly given the old standard formula of iodine with iodide of potassium, but a more extensive field in the treatment of the complaint convinces me of the superiority of the drug I advocate.

TABES MESENTERICA.—The local application of the iodide of ammonium ointment over the abdomen, and the internal administration of the same drug—the age of the patient guiding the dose to be exhibited—surpass any form of treatment previously had recourse to. Of course the convalescence is slow, and cod-liver oil or glycerine, pancreatine and suet and milk must be given; but these I include more among the articles of diet than the medicines of the physician. A steady perseverance with these measures effects much good. The iodide of ammonium appears to reduce the size of the enlarged glands whose functions are impeded, and to permit the process of assimilation to go on its natural way.

STRUMOUS ENLARGEMENT OF THE LYMPHATICS, wherever situated, if treated before pus has actually formed on the areolar tissue covering the part disorganized, will, as a rule, yield to the iodide of ammonium, combined with a generous diet and change of air. I have before me, in my case-book, the history of a girl, aged eleven years, who had long suffered from strumous enlargement of the cervical glands, the sequelæ of scarlet fever. She had taken syrup of the iodide of iron, Parrish's "chemical food," iodide of potassium, quinine, and cod-liver oil, but without effect. As a last resource, and it was one of the first cases wherein I prescribed it, I directed her to take three-grain doses of the iodide of ammonium twice a day, and to apply the cerate containing the same preparation. I had the satisfaction of observing day after day the well marked gradual diminution of the glands, and the speedy restoration to health. The relatives informed me afterwards that their patience was so exhausted with the girl failing to improve, that they were in the act of calling in further advice. Had such been done, and the iodide of ammonium prescribed, the consequences would have been unpleasant in the extreme. And how often is it that members of our profession obtain a notoriety through similar occurrences, while in one or two instances I know they had not the honesty to give credit where it was actually due and well won, but retained for themselves a success to which they were far from entitled.

SIMPLE STRUMOUS ADENITIS gives way more rapidly and with better results under the iodide of ammonium than any other treatment.

SYMPATHETIC BUBO has, in four cases which I have specially treated with the medicine advocated, terminated so satisfactorily that I cannot refrain from recording the circumstance.

ENLARGEMENT OF THE SPLEEN AFTER AGUE.—I had an opportunity last August of testing the therapeutic effect of the ammonium in some cases of enlarged spleen in a most fenny district in South Lincolnshire. Although the benefit was not permanent in any of the cases, as I believe it was not persevered in for a sufficient length of time, yet, during the period the drug was being administered, the more immediate symptoms appeared to yield to it.

CHRONIC HEPATIC ENLARGEMENT has in several instances been recorded in my case-book, where blue pill, podophyllin, taraxacum, and nitro-muriatic acid have proved inert, turned out as cured. I can strongly recommend the drug in this disease, but I invariably blister the hepatic region first, and then dress the blistered surface with the iodide of ammonium cerate.

TUBERCULAR SACCOCELE was treated in three instances by the iodide of ammonium. In two of the cases there was a syphilitic history, and as the patients were pressing for a speedy rather than an effectual recovery, I combined four drachms of blue ointment with the iodide of ammonium cerate, with the best effects subsequently; so that I am unable to give all the credit to the iodide of ammonium—a drug which my experience teaches only requires to be fairly experimented with in order to be more generally employed in diseases of the glandular system.

The Economy of Ventilation.

The financial gain which may result from an outlay on fresh air, is very forcibly illustrated by a recent communication of General Morin to the Academy of Sciences, Paris.

General Morin communicated some curious facts resulting from the good ventilation of a large cloth factory at Orival near Lisieux. The looms are set up in a large hall measuring 61 metres by 33, but only three metres and a third in height. Each weaver has a space of five square metres and a third allotted to him, and the net capacity of the hall is about 6,000 cubic metres, thus allowing each person only 15. The factory is not warmed in winter. The great number of hands, the necessity of keeping the cloth on the loom in a sufficient state of moisture, the emanations of the gas burners, and want of regular ventilation, rendered the place so pestiferous that the number of hands on the sick list was generally between 30 and 40. Moreover, the work was often interrupted, because of the necessity of allowing the workmen to go out now and then, in order to breathe a little fresh air. They had lost all their appetite, and were consequently weak and slow at

their work. The master of the establishment, M. Fournet, at length resolved last year to lay out a sum of 15,000*fr.* for the purpose of introducing a good system of ventilation. The tall chimney of the engine-room was so arranged as to draw off the vitiated air, and orifices for the introduction of new were opened in the ceiling, with contrivances for regulating the quantity. In this way a permanent supply of about 14,000 cubic metres of fresh air per hour was obtained, and the results observed in the course of the ten months the system has been in operation are really astounding. Instead of the ten or twelve men per day obliged to leave off work on account of illness, the sick-list is now reduced to three or four a day, so that there is a gain of nearly 2,400 days a year that were previously lost both to the establishment and the workmen, who, in the aggregate, thereby profit to the amount of about 5,000*fr.* per annum, both in wages and saving in medicines.

Effects of a Pistol-Shot Fired Close to the Chest.

J. DANIEL MOORE, M. D., F. L. S., communicated the following case to the *London Lancet*:

A very interesting case, illustrating the effect produced by discharging a pistol loaded with a small bullet only, fired close to the body, occurred in the person of W. B. Kendall, a man forty-three years of age, who committed suicide by shooting himself, and was found dead in his house in Lancaster, on the 3d of June, 1869.

When found, he was lying on his right side on the floor of the kitchen of his house. There was a large pool of blood near him; and a pistol that had been recently discharged, having an exploded percussion cap on the nipple, was lying at his feet. The fingers of his right hand were blackened as if from the explosion of gunpowder. He was dressed in his usual clothing, was quite dead, and rigor mortis established.

I saw the body on the following morning, and found that there was a large hole in his coat, waistcoat, shirt, and under-shirt on the left side. The margins of the holes were scorched and ragged, and some of his clothes were saturated with blood. There was also an aperture in the wall of the chest sufficiently large to allow me to pass my hand freely into the thoracic cavity. When the body had been stripped, this wound was found to be circular in shape, and nearly 3 in. in diameter; portions, about 2½ in. in length, of the fourth and fifth ribs, at about 3 in. from the sternum, on the left side, were in fragments, and carried into the chest. The margin of the wound was burnt, ragged, and slightly inverted. The inversion may, however, have been caused by the hands of several medical men having been introduced into the wound. On opening the chest, the heart was found to be intact, and situated

nearer to the right side than its normal position. The left lung was completely shattered; and in its substance were several fragments of bone from the broken ribs, and pieces of cloth from his apparel. There was no aperture of exit, and for some time I failed to detect any shot or ball; but, on continuing my examination, I discovered a small leaden bullet, measuring about three-eighths of an inch in diameter, and weighing a drachm and a half (72 to the lb.), impacted in the substance of the left side of the fourth dorsal vertebra and head of the corresponding rib.

This case will be of importance to the medical jurist from showing the great extent of injury that may be inflicted with a pistol loaded with powder alone; I say powder alone, for a bullet so small as the one discovered could not inflict more than a comparatively small amount of the injury that the deceased received. I have no doubt but that the demolition of the chest-wall, covered with several thicknesses of clothing, to the extent of a circle nearly nine inches in circumference, the fragmentation of the ribs, and shattering of the lung, are entirely due to the muzzle of the pistol having been pressed closely to the chest; for had the injury been produced by the bullet alone, a small opening of little more than a quarter of an inch in diameter would have been the result; at the utmost one rib only would have been fractured. From the fact, however, that the centre of the opening corresponded with the intercostal space, I am inclined to think that the ball would probably pass through that space, and that both ribs were fractured by the force of the explosion alone.

A Feigned Tumor of the Jaw.

Emamun, a Mussulmani, aged fifteen, was brought to me on November 20th by her parents. They stated that upwards of a year before they had observed a small tumor near the angle of the lower jaw on the left side. It continued to increase slowly; native practitioners failed to give relief; and at last, despairing of a cure, they had brought her to have it removed by operation. There was a tumor on the left side of the face, rounded, of the size of a tea-cup. The skin slid easily over it, and its most prominent part was dusky red, and apparently on the point of ulcerating. The tumor was firm, of a bony consistence, and seemed equally connected with both jaws. The lower jaw was fixed; the mouth nearly closed, and the girl complained of great pain. In spite of the suffering she had undergone, she had not lost flesh, and the right cheek was plump and rounded. On separating the lips, to inspect as far as possible the interior of the mouth, I observed the ends of two flat bands of a black colour which hung from the tumour into the mouth. On inspecting these somewhat minutely (which was a matter of some difficulty, as she was perpetually starting back, and com-

plaining of great pain) I noticed certain lines which seemed to me to indicate either that the bands were pieces of cloth inserted into a cavity in the tumour, or that cloth of some sort had been recently placed in contact with them, so as to leave its impression. I asked the parents if any cloth had been introduced into the mouth; but they asserted that such was not the case, and the girl corroborated their statement. I now seized the bands with forceps, and, using a little force, succeeded in removing it; the girl shrieking loudly, and endeavoring to seize my hand. The band was simply a piece of cloth. On examining the mouth I saw what was undoubtedly a second piece of cloth, which I also removed, and thus I went on removing piece after piece till every vestige of the tumour disappeared. The girl looked foolish and sulky. The parents seemed stupified, and could not at once realize that their daughter's illness was pure deception. They brought her to me again on the following day. There was not the slightest trace of disease. The teeth were sound, the jaws well formed. The right cheek was, as I have said before, plump and round; the left was thin, and hung flaccid and void of expression. The centre of the cheek, which formed the most prominent part of the tumour was now shrivelled up, like the skin of a withered apple. The tumor was composed of twenty-three pieces of cloth, weighing, when washed and dried, 4 ounces.—Dr. MACLEOD CAMERON in *Indian Medical Gazette*.

Disarticulation of the Upper Maxillary Bones

Mr. J. H. SLATER, M. R. C. S., sends the following case to the *Medical Times & Gazette*:

So complicated are the injuries which usually happen to the bones of the upper jaw that no attempt has ever been made, as far as I am aware, to establish a systematic classification of them, or special rules for their treatment. Feeling, therefore, that any addition to the instances already recorded would be acceptable to those who are interested in this subject, I venture to give a short account of a case which recently occurred in my own practice, which, to the best of my belief, is unprecedented in the extent of its injury and subsequent result, in the annals of Surgery.

In August last, W. S., a laborer, aged 30, was driving a wagon when one of the horses suddenly fell and knocked him down, with his head under the animal. The ground was very hard from the previous drought. When first seen he was sensible, though unable to articulate distinctly; his face was bruised and swelled; his lips and teeth slightly apart, the upper jaw projecting somewhat over the lower, and unable by any effort to be closed upon it. There was no great deformity of the general expression of the face. On touching the cheeks, they appeared to contain a quantity of "loose bones;" on both sides the malar bones were displaced and movable. On

laying hold of the upper incisors, the wedge-shaped portion of bone corresponding to the position of the superior maxillæ and malars was so movable that the impression conveyed to myself and my assistants was, that, by a forcible twist, the whole could have been brought away but for the attachments to the soft parts. At the articulation of the nasal bones with the frontal and lacrymal there was a very distinct separation. The floor of each orbit was depressed and freely movable, the left rather more than the right. The entire jaw seemed to be protruded forward, the teeth being abnormally prominent and overhanging. The alveolar ridges and other portions of the bones were unbroken. The horizontal plates of the palate bones were severed from their connexion with the vertical, and with their articulation with the internal pterygoid processes of the sphenoid, which could be ascertained on passing the finger along the roof of the mouth, by their extreme mobility. There were no external wounds beyond bruises and abrasions, though the oedema and ecchymosis were subsequently considerable.

The appearances above described were clearly made out and recognized by all present, professional and otherwise, and the disarticulation was beyond a doubt, inasmuch as the bones, in their wedge-shape entirety, could be freely moved backwards, forwards, upwards, downwards, and from side to side. The separation of the malar bones from their articulation was no less distinct. For a considerable time sense of smell was absent, and the tears, by reason of a slight displacement of the puncta, coursed over the cheeks. At first hemorrhage from the nostrils was severe. At no time was there any great pain.

With much time and trouble, I carefully adjusted a gutta-percha casing to the parts. A horizontal slip passed across the upper lip, and exerted backward pressure on the alveolar ridge, to obviate its tendency to eversion. This was joined by two lateral flaps brought from the top of the head (corresponding with the coronal suture) beside the cheeks, and united with another horizontal slip passing from the back of the head below the occiput to either side, to steady and keep in position the two malar bones. These were carefully padded with strips of spongio-piline, which readily adhered to the gutta-percha when hot. Over all, a bandage was put, fixing firmly the lower jaw on the upper by exerting upward pressure. He was fed through an opening of his teeth with fluid food.

In the course of five or six weeks I removed the gutta-percha apparatus, and put on a starch bandage for another fortnight. It was several months before he could bite solid food. He is now quite convalescent, and very little the worse for his accident, though, as if to bear testimony to the curious nature of the injury, the upper jaw appears to be set slightly askew, and the depression between it and its articulations are abnormally wide.

Preliminary Science Training in France.

We commend, says the *Medical Times & Gazette*, to the notice of those of our readers who are interested in the reform of Medical education in this country the following lament, which appeared in a late number of the *Gazette des Hopitaux*. The article is headed "The Faculty of Medicine and the Faculty of Biology," and the writer (Dr. E. LE SOURD) says:

"The separation is daily becoming more marked between clinical Medicine and the Medicine of the laboratory; between medical observation, strictly so called, and the application of chemistry and physics to Medicine; between the teaching of the Medical Profession, and the teaching of Medical biology or physics and chemistry. A faculty of Biology has been installed in the Faculty of Medicine, and, like all parasites, which end by killing the beings by which they exist, that which is not Medicine in the Faculty has succeeded in stifling the Medical element. 'Medicine is passing in our time through a curious phase of renovation; sciences which were formerly styled accessory, and which were somewhat neglected, now become almost of first importance.' Such is the sentence just pronounced by the Minister of Public Instruction, in defence of his university budget, to justify the foundation of public laboratories of chemistry, physics, physiology, and histology. It is the funeral oration of the Faculty of Medicine of Paris. Formerly Medicine and Surgery were taught there to make men useful to the sick, and physics and chemistry were taught but as accessories to special Medical education. In the present day sciences which used to be regarded as accessory are almost of principal importance, and such is the Faculty of Medicine as it appears to the Minister of Public Instruction. In this new direction given to the Medical studies what becomes of Medicine? It is easy to foresee, and, indeed, it is known already by the clinical inefficiency of the Surgeons who present themselves for the examination for the Fellowship and for Hospitals, or by the weakness of the competition for the House-Physicians' posts. The pupils know some biological physics, some comparative physiology, and something of histology, but they are almost ignorant of common anatomy, of regional anatomy, of human physiology, of common pathological anatomy, of symptomatology, and of the principles of diagnosis, that is to say, of what constitutes the basis of practical Medicine and Surgery. *Pauvre Faculté!*"

Otitis in Infants.

At the Paris Medical Hospital Society, M. PARROT, on presenting some specimens, read a communication "On Otitis of the Middle Ear in New-born Infants." On examining the bodies of new-born infants, lesions of the middle ear are frequently met with, which have hitherto excited little attention. They are almost always similar in character, any differences observable being referable solely to the period of

their evolution at which they are observed. On opening the cavity of the tympanum it is found filled either with a reddish, semi-transparent, gelatinous substance, a greenish yellow mass like concrete pus, or a yellowish liquid of the consistence of serous pus. In the first case the ossicula and the membrane lining the tympanum are in their place, and of a red color. In the second the redness is much more intense, and the membrane is tumefied, red, opaque, and difficult of recognition. When a fluid like serous pus fills the cavity the membrane has disappeared, and the separated bones are lying in the fluid. Accompanying this condition, thus far there has been found no appreciable change in the external meatus or the internal ear, and although the Eustachian tube is sometimes tumefied and obstructed with mucus, it is in general healthy. The membrane of the tympanum on its external surface has always been found intact, although its mucous layer is often softened. These appearances, as well as those derived from microscopical examination, clearly show that the lesion must be regarded as belonging to the class of catarrhal inflammations. Its influence in producing deaf-dumbness need not be insisted on. In some of the cases upon which the paper has been founded, the infant manifested during life more or less deafness. As to the causes of this otitis much obscurity exists. It is met with accompanying very different affections, among which pneumonia is especially to be noted, as also the diseases of the digestive canal which are so common at this period of life. But it may be stated that most of the infants in whom the lesion has been observed have suffered during a variable period from great disturbance of nutrition, owing to insufficient or faulty food. M. DUMONT-PALLIER observed that the frequency with which M. PARROT has met these appearances would seem to show that they had not any great influence on deaf-dumbness. M. PARROT replied that, in fact, the children who have these lesions in an advanced degree die, but others who are only slightly attacked survive. As to the actual part the disease in question plays in producing a fatal result, this is probably not considerable, as it is very rare to find the lesions propagated to the brain. The right side is the one usually affected, and if both sides are so, that is usually the worst. As already observed, nineteen-twentieths of the infants on whom these researches have been made have died either from lobular pneumonia, or affections of the digestive canal.

Heart Disease and the Turkish Bath.

Another death has taken place in the Turkish bath at Cork, and it has again raised the question as to how far it is secure or judicious for cardiac patients to undergo the violent variations of temperature which the bath involves. It appeared from the evidence that for the previous week the deceased's appetite had somewhat fallen away and he was not in

strong health, though he did not complain. He went to the bath between seven and eight o'clock, was there about three-quarters of an hour, there being other persons in the same room (the sudatorium, or intermediate apartment) at the time. Deceased was on a couch when it was noticed that he breathed heavily, and that he was in a fainting state. Assistance was called and the deceased was removed at once to the outer or cooling room, and restoratives were applied. Dr. SHINKWIN was sent for and came immediately, but the deceased had expired before his arrival. In the doctor's opinion (without having made a *post-mortem* examination) the deceased was a man of weak heart and had died from syncope. In reply to the Coroner, Dr. SHINKWIN gave it as his opinion that the Turkish Bath was not fit for a person in deceased's condition—with a weak heart. Dr. BARTER gave it as his opinion that the bath was beneficial for persons with weak hearts, and said he had several patients in that condition at his establishment at Blarney who took the bath twice a day with manifest advantage. The jury returned a verdict to the following effect: "That death was caused, as they believed, by syncope, his illness lasting about an hour; and that every attention was paid to the deceased while at the bath."

It was obviously not the function of the jury to declare whether or not persons suffering from heart disease might safely take the bath, but it is nevertheless a question which must be answered by those who say that they may. Without pledging ourselves to a verdict, we must say that the feeling of the profession is greatly against the use of the bath by such persons, and all our present knowledge on the subject is against subjecting them to the danger.

It is, indeed, a great responsibility for those who advise the use of the bath, and it would be well if they could place before the profession some of the arguments which they consider justify them in giving the advice.

Signs of Death after Lightning Stroke.

BENJAMIN W. RICHARDSON, M. D., F. R. S., has been making extensive researches with the great induction coil at the Polytechnic Institution in London, to ascertain the effects of lightning stroke upon animals, with a view to throwing light upon some hitherto doubtful points connected therewith. The importance of being able to ascertain whether a person is dead or otherwise after being struck by lightning will not be disputed. Dr. RICHARDSON asserts that it would be the easiest mistake in the world to look on a man struck by lightning as dead, when in truth he is only stunned.

He says: I am free to confess, and it is right to confess, I have seen an animal so seemingly dead after electrical discharge that at first I adjudged it dead, and yet it has spontaneously recovered. If then I, who am somewhat conversant with the

effects of these shocks on living organisms, might, by too hasty an examination, be deceived, how much more so those who by mere accident first approach the victims to the lightning discharge; and how shall all men be guided toward a more correct knowledge as to the positive signs of death? I answer on this point with much less of knowledge than I could wish, but I may perhaps so answer as to prevent one of the most serious of errors. The positive signs of death after lightning stroke, as far as I know them up to this time, are—

(1.) *Absence of all Indication of Motion of the Heart.*—This sign must be accepted with the understanding that there may be action of the heart which does not declare itself by audible sound or sensible motion detectable through the walls of the chest.

(2.) *Absence of Reflex Action.*—As a rule, an animal which has been stunned simply by the electrical shock shows signs of reflex motion, so-called, when an irritant is applied to the eye or when the skin is pricked over a muscle. Whenever there is an exhibition of reflex action, the evidence is almost certain that living action is not absolutely suspended. But it must also be accepted with this understanding, that in batrachians, at all events, its absence does not of necessity denote death. We give a shock to a frog, for instance, and we see, on applying an irritant, that the animal shows no reflex action. Yet the probabilities are that the animal will be restored to life.

(3.) *Decrease of Animal Temperature, in the Cavities, to the Temperature of Water left exposed to the surrounding Air.*—This, in our present state of knowledge, is a fair proof of actual death in warm-blooded animals. It does not prove the impossibility of recovery.

(4.) *Absence of Color in Semi-transparent Structures.*—The passing of a strong light through the hand, or other semi-transparent structure, and observing if the red color which is seen in the living parts is absent, is a good sign of death; but is not, I think, absolutely reliable, inasmuch as there may be so much resistance to conveyance of blood through the vessels that coloration due to the presence of blood in them may be absent in the hands, or even in the cheeks, while yet there may be motion of the heart.

(5.) *Rigidity of Muscles.*—If muscular rigidity be general, and the muscles of the chest be rigid, the evidence of absolute death is sufficient. But a partial or local rigidity of muscle is not of sufficient evidence. Rigidity may occur in one limb, so we saw at the last demonstration, in the line in which the electrical current has coursed through the body, and may not designate total extinction of living action.

(6.) *Coagulation of the Blood in the Veins.*—This is at once a ready and good sign of death. In the human subject the largest vein that can be

found immediately under the skin should be laid freely open, a fillet being first applied above the place for the opening. If, then, in the vein there be found a coagulum, the inference is fair that the process of coagulation is complete, and that restoration of life is impossible.

(7.) *Decomposition.*—Lastly, the occurrence of decomposition of the body is the final proof of actual death; and although when the blood in the venous system is distinctly coagulated, and there is general *rigor mortis*, it may not be necessary to wait for decomposition of the body before committing it to the earth, in the absence of the two changes just named—coagulation and rigidity—evidence of decomposition ought always to precede the act of burial.

Reviews and Book Notices.

A Treatise on the Diseases of the Eye. By J. SOELBERG WELLS. First American edition. With 216 engravings on wood, and 6 colored plates. Philadelphia: H. C. Lea. 1869. 1 vol. Svo. pp. 736.

The very complete work of Dr. WELLS has been received with great favor by English ophthalmologists, and we are glad to see it reproduced in this country. It aims to give succinct and practical information on all the diseases of that organ, embracing the opinions and treatment of the best oculists in England and on the continent. The republication has passed through the press under the supervision of an American oculist, who has added several valuable notes, and included in the appendix the test types of Jaeger & Snellen, both of great importance in diagnosis.

The illustrations are also more numerous in the American edition, and the paper and print in Mr. Lea's usual satisfactory style. No doubt the work will command the attention of all interested in this speciality.

A Manual of Elementary Chemistry, Theoretical and Practical. By GEORGE FOWNES, F. R. S. From the tenth revised and corrected English edition, edited by ROBERT BRIDGES, M. D. With 197 illustrations. Philadelphia: Henry C. Lea. 1869. 1 vol. pp. 857.

We hardly recognize in this thick volume the "Fownes" of our student days. The progress of chemistry has been so rapid, it is becoming such a universal science, and is daily being adapted to such wider views of matter, that he who studied it, no matter how carefully, a half dozen years ago, will feel quite at a loss on turning the pages of a treatise just issued.

The distinction between organic and inorganic chemistry is falling away, as is that between organic and inorganic life. New nomenclatures and new theories in chemical philosophy are introduced. The nomenclature adopted in this edition of the work before us, is simplified by discarding the word "of" in the names of salts, and using an adjective form for the names of metals. Nitrate of silver is "silver nitrate," corrosive sublimate is "mercuric chloride," calomel, "mercurous chloride," etc. These changes are, however, readily acquired, and are no doubt adopted for real convenience and accuracy.

This edition is so thoroughly revised and carefully edited that it no doubt will continue and extend the popularity of the book, and maintain its place as the best manual for students extant.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, AUGUST 14, 1880.

S. W. BUTLER, M. D., & D. G. BRINTON, M. D., Eds.

Medical Society and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence, News, etc., etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

To insure publication, articles must be practical, brief as possible to do justice to the subject, and carefully prepared, so as to require little revision.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

TO SUBSCRIBERS.

The 21st volume of the **MEDICAL AND SURGICAL REPORTER** began on July 3rd. A large number of subscriptions are due from that date, and we look to a prompt response to the bills already sent out and being sent.—*Our bills always call for PAYMENT IN ADVANCE.*

As we are about to reduce our stock of odd back numbers of the **REPORTER**, in order to make room, it is desirable that all who wish to complete their files should notify us *by the 10th of August*. Bills will be sent with the numbers ordered.

We can still supply a few complete sets or volumes from the commencement, bound or unbound. *They should be applied for soon, as they will soon be exhausted.*

THE UNITY OF DISEASE.

The recent investigations of Dr. DARWIN, into the development of animal life, and the probability he makes apparent that there is no fixed, inevitable boundaries to species, will result, if proven by the progress of observation, in materially modifying our classification of natural objects. To what end multiply the descriptions of species, and apply names to this and that newly discovered plant or animal, if, in a few years, perchance, or in a few ages at any rate, it will have to be done over again? Why go to the trouble of labelling the whole world, when, in no long time, many of our labels will be awry?

Naturalists object to DARWIN's theory on the score that it throws everything into confusion. But this is far from being the case. There is a higher standpoint, if they will or can reach it, from which a more perfect unity is visible, and a more advanced order than they have imagined in their own little arrangement of this universe.

In our own particular branch of natural science—that of medicine—a similar tendency is displayed. The nosologies that lay down their fourteen hundred separate diseases, the treatises on diagnosis which define with such sharp outlines this or that malady, the divisions of the text-books looking to the same ends, seem to the minds of some but make-shifts to aid our business—not as representative of the true state of the case. Needful they may be, but not real. They are like the lines and cubes which the geometrician uses. He cannot well get along without the assistance of some such visible and tangible helps, but he starts out with the definite understanding, and he is careful to keep the truth ever before him that a line in fact has length only, and no breadth; that a plane is a superficies, but it has no thickness, and that a cube is a combination of planes wholly without substance.

So disease, it is claimed, is not at all multifarious in nature, but only in manifestation. Like a skilful actor, it appears in a hundred disguises, but remains ever the same. This anecdote was recently told us of Dr. Physic, half a century ago one of Philadelphia's most distinguished physicians. He was discoursing of disease to several medical men at the Philadelphia Hospital, and he made this remark, which none but a very eminent man would dare to make: "I care very little for the name of a disease. I often treat a case for days, or, indeed, throughout, and do not give it any name, even to myself. I more frequently specify the complaint in order to satisfy the friends, than for any advantage it is to me. If you really understand a Latin sentence, it is indifferent whether you can translate it glibly or not."

ACTION OF THE UNIVERSITY OF LOUISVILLE.

We have received a copy (official) of the following resolutions, which we very willingly publish, merely remarking in reply to the intimation that we did not know what we were writing about in our strictures on Dr. Bell's article, that as editors and physicians we do know the right of every editor to comment

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severely, if he thinks he sees just occasion, on public lectures and printed books, and the impropriety of any physician in indulging in personal diatribes in medical journals, because he feels hurt at such comments.

MEDICAL DEPARTMENT UNIVERSITY
OF LOUISVILLE,
LOUISVILLE, July 23, 1869.

At a meeting of the Faculty held this day, the article from the *Medical and Surgical Reporter* was read, headed "unmannerly," whereupon it was

Resolved, That this Faculty, while it entertains a high respect for the Editors of the *Medical and Surgical Reporter*, and is disposed to listen candidly to their suggestions, claims to be more competent to judge of matters immediately under its eyes, than they can be at a distance.

Resolved, That in the controversy between Prof. Gaillard and Prof. Bell, in which the Editors call upon the Faculty to interfere, the Faculty is of opinion that Prof. Bell has simply acted in self-defence, and that under the provocation his reply to Prof. Gaillard's attack was justifiable.

Resolved, That a copy of these resolutions be spread upon the records of the Faculty and forwarded to the Editors of the *Medical and Surgical Reporter*, and to the Editor of the *Nashville Journal of Medicine and Surgery*.
GEORGE W. BAYLESS. EDWARD R. PALMER,
J. MORICE BODINE. JOHN E. CROME,
JAMES W. HOLLAND. DAVID W. YAUEDELL,
LANSPORD P. YAUEDELL, JR.

MEDICAL AND SURGICAL HISTORY OF THE WAR.

We have recently received from the Surgeon General U. S. A., a copy of Circular No. 2, S. G. O. 1869. It is a report on the Excisions of the Head of the Femur for Gunshot Injury, and makes a compact quarto volume of 141 pages. There are two appendices, the first containing a list of such excisions as have been reported; the second a complete biography of the operation. The treatment of the subject is most complete and admirable.

We understand that the two volumes containing the *first part* of the "Medical and Surgical History of the War" are in such an advanced state of preparation that their publication may be soon looked for. One volume, on medicine, contains tabular statements of the sickness and mortality of the United States armies, for five years, and a discussion of these tables; the other volume, on surgery, containing histories of the wounds of the head and chest. The two volumes will be of about 900 pages each. About half this number of pages are already printed, and the work is rapidly going forward. The complete Medical and Surgical History will consist of six quarto volumes—three on medicine and three on surgery.

Of the Circular on Excisions of the Hip, it may be safely said that it is the largest contribution yet made to that subject. Not less

than 85 cases of excision for injury are recorded. Particulars are given of over five hundred injuries supposed to have involved the hip primarily or secondarily, and the relative value of treatment by expectancy, amputation or excision is discussed with a greater basis of facts than have ever been known before.

2. The pretensions of Eve, Grow and Piragoff are effectually crushed.

3. The lithographs and wood cuts are really admirable, and if the latter were printed on linen paper they would rival the best work of Boggs and the other artists employed by Churchill of London. On this subject it might be mentioned that Pitha and Billoth, in their great systematic work on surgery, had copied nearly all of the wood cuts in Circular No. 6, 1865, and as much may be said of Didiot, Smith, Esmarch, etc.

Notes and Comments.

A Medical Witness.

The London *Lancet* gives the following scraps of medical evidence:

Mr. Reid, in the box, cross-examined by Mr. Quinlan, counsel for plaintiffs.

Quinlan—You have an extensive private practice in addition to your hospital duties?

Reid—I have a very good consulting practice. Most of my patients come from far, live in the various hotels in the town, and do not occupy my time nearly so much as a very general moderate practice. In point of fact, I never am days in attendance on a midwifery case, and do not go out half a dozen times a day to visit a child who has eaten too much plum pudding. That is the business of a general practitioner, and not of a consulting surgeon.

Quinlan—What is your income from your private practice?

The Chief Justice—I think you are going too far, Mr. Quinlan.

Foreman of Jury—It appears to me, your Honor, that the counsel for the plaintiffs is occupying our time needlessly in subjects that should not come before us.

The Chief Justice—I perfectly agree with you.

Quinlan—Could you give us any idea of the time you take to make an examination of your private patients?

Reid—The time I take varies; but I will give you an instance that occurred not long ago. A gentleman called upon me with a husky voice, stating that he suffered from rheumatism, and wished my opinion. I observed that he entered my room with his head and chest bent forwards. In reply to my queries, he admitted that he had pain in the back

and in the left shoulder; that he had great difficulty in swallowing, the food appearing to stick in his throat; that at night he was constantly obliged to bend his body well forward to get relief, and that he had a difficulty of breathing. On putting up his shirt, I found the heart's apex outside the nipple line, and there was little respiratory action in the left lung. I told him at once that he had a small aneurism pressing upon the left bronchus, and that if he did not take care he would die suddenly. He paid me a guinea and went away. The time I have taken to describe this to you is about the same time I devoted to the patient.

Quinlan—You state that most of your private patients come from a long distance.

Reid—Yes, they do.

Quinlan—Then they must be very severe cases.

Reid—I do not suppose that a man would come many hundred miles to me if he could be cured by a general practitioner in his district.

Quinlan—Then they have long stories to tell you.

Reid—Yes, they have.

Quinlan—And how do you then get through your work?

Reid—By attending to my business, examining the patient thoroughly, and preventing his indulging in any irrelevant conversation.

The Chief Justice—Oh! that I could do the same; wouldn't I get through my work quickly. (Laughter.)

Quinlan—Ain't you very rough and abrupt in your manners, and do you not imitate Abernethy in this particular?

Reid—I imitate the peculiarities of no man's manner.

Quinlan—Don't affect to misunderstand me, sir. Would you not—like Abernethy—order a patient who was addressing you to put out his tongue and hold it there?

Reid—I never did such a thing in my life; but I have not the slightest doubt that if you consulted me I should be obliged to do so in your case. (Loud laughter.)

Quinlan—It appears, doctor, that you not only have the sympathies of the bulk of the medical profession on your side, but of the bar.

The Chief Justice, to Mr. Quinlan—And you may add of the Judge also.

Glycerin and Distillation.

We think, says the *Druggist's Price Current* the time has come when the use of any glycerin having the least impurity, should be abandoned, as the price of the pure article is so low that there is but a slight difference between it and that of impure.

For medical purposes, for extracts, as a substitute for sugar in medicinal sirups, pure glycerin only should be used, and will specially be valuable in

warm weather, as glycerin does not ferment, and the sirups will hence keep much better than sugar would.

The perfumer will find it to his advantage to use a pure glycerin, as it requires less perfume. We would particularly warn against the use of an impure article for hair-oils or hair-tonics, as the lime or lime salts cause an irritation of the scalp and the consequent falling out of the hair. Glycerin having any odor is not fit to be used for these purposes, even if the odor be covered by perfume, as the perfume will volatilize first and leave the rancid smell.

For the benefit of those not versed in chemistry, we give a few simple and practical tests, to detect impurities in glycerin:

1. Specific gravity. Employ Baume's hydrometer. Glycerin, weighed at the temperature of 60 degrees Fahrenheit, should have no less than 29 degrees B.; if it contains lime or alkalies, one degree should be deducted, as these substances make it heavier.

2. Odor. Rubbed on the hand, it should be perfectly inodorous. Impure glycerin, under this test, has a disagreeable smell. The impurity causing this odor is mostly butyric acid, as by contact with the glycerin, it forms a very volatile glycerole. Such an article will always grow worse by age.

3. Lime, or salts of lime. Take a solution of oxalic acid, add some spirits of ammonia, and mix this with a small portion of glycerin; if the mixture remains limpid, the glycerin is free from lime; if a white precipitate forms, then lime is present.

4. Chlorine, or chlorates. Add a few drops of solution of nitrate of silver to the glycerin; if a white precipitate forms, the above impurities are present.

5. Sugar, grape or cane, is an adulteration which is sometimes found in foreign glycerin. Cane-sugar can be detected by the taste, as glycerin is not as sweet as sugar; but grape-sugar can be discovered by the polarization of light, which requires a costly apparatus, or by caustic potash, which requires an expert. Hence, when glycerin is expected to contain sugar, it should be given to an experienced chemist.

One of the most recent improvements in the distillation of glycerin is the process patented through the Scientific American Agency, by O. Laist, of Cincinnati, Ohio, and heretofore noticed in our columns. The glycerin is heated in the still by means of fire, to the point required; but, as glycerin is liable to decompose on being heated in a vessel filled with air, a small jet of steam is introduced into the still to expel the air, and, as the steam condenses in the condenser, a vacuum is thus created. The condenser is so arranged that the glycerin condenses while the water and volatile impurities evaporate; a draft being created to prevent their condensation.

As the glycerin is liquid at over 300 degrees Fab-

reheit, no loss by evaporation need be feared. Of course all mineral (not volatile) impurities remaining in the still, while all volatile impurities evaporate, the glycerine must come out entirely pure, and must be of the highest specific gravity, as no water can condense.

Glycerin made by this process was found to be inodorous, colorless, and of a specific gravity of 1.253, being more than the United States Dispensatory requires, besides being free from all mineral impurities.

A Clinical Thermometer.

A handy clinical thermometer has been devised by Mr. Hawksley, of Blenheim street, London. It is about the size of Dr. Allbutt's thermometer, and is graduated in fifths of degrees Fahrenheit; the degrees, however, being made much more prominent than the fractions—a useful modification. The glass of the bulb is dulled, with the intention of making it more absorbent of heat. The case is of wood, marked outside with comparative scales, by means of which the observer can at once translate degrees of Fahrenheit into Centigrade, and *vice versa*. There is also a scale of inches and eighths of an inch. Lastly, a useful little "dodge" is the *squaring* one end of the case, so that it will not roll off a table. Physicians have tested these thermometers, and found it to act very well; three minutes are sufficient for an observation.

Men and Women.

A paper was read by Mr. G. HARRIS, F. S. A., on the distinctions mental and moral, occasioned by difference in sex, is quoted in the *Medical Press and Circular*.

The difference between the sexes was asserted to be one of a material nature only, affecting not merely the organization, but also the texture and temperament of the material frame, which could not however be supposed to extend to the immaterial part of our nature. A great difference prevails in different departments of nature in regard to sex. In the case of some animals, the female is larger and more powerful than the male; and however great the difference between individuals occasioned by sex, that occasioned by age, education, and other causes, are wider still. Among mankind moral as well as mental differences ought to be considered; and the establishment of a difference did not necessarily imply a superiority on either side, though one sex must necessarily assume the rule. Among animals the greatest feats in the way of instinct have been performed by females. Although women have, in many respects, greater opportunities than men for literary effort, especially in the large amount of leisure at command, they have not equalled men either in philosophy, poetry, painting, or music. But if they have not equalled the men as composers, they have

rivalled them as vocalists, and also as performers on the stage. In history and fiction female writers have been below the rank of male authors; in the art of letter-writing, they have, perhaps, in certain respects, exceeded them. As regards certain moral qualities, however, such as courage and constancy, experience might lead us to doubt whether the females might not claim the superiority; in deeds of heroism they have rivalled, if not eclipsed, the men. In respect for their capacity for government, the instances adduced of great female sovereigns, showed that here also the softer sex is fully capacitated for the highest duties. As regards professions fitted for females, those which embraced the care and instruction of the young, and ministering to the sick, women are peculiarly adapted to fill; and in many branches of literature, as well as in business of several kinds, they are fitted to engage. Nevertheless the differences between the sexes are both essential and extensive, and such as no artificial attempts can lessen; that difference, however, may not be one of actual mental or moral superiority on either side; each sex has its proper sphere of exertion and its sphere of duty, in which, and in which alone, it is calculated to excel.

Plain Talk.

Dr. CHAS. R. DRYSDALE, in an article in the *London Medical Press and Circular*, talks—"in meeting" as follows:

Prostitution, and most of the evils of human life would disappear, if but a prudent conduct like that of the French peasantry, who, according to M. Maurice Block, habitually limit their families to two children, were to come into vogue throughout European States. Marriage, too, might then be universal, and the great end of all true morality, namely, happiness, attained by the immense majority of mankind. It had been objected to the assertion that over-population was the cause of poverty, by Doubleday, Herbert Spencer, and others, that poverty was the cause of rapid breeding. But, the families of the aristocracy from the Queen downwards were usually large, and the French peasantry who had only two children, limited their numbers of their own accord, not from any miraculous so-called law of nature like that assumed to exist by Mr. Doubleday and his followers.

Dr. Drysdale believes that his able *confreres* of the medical profession in general have paid but little attention to the subject of political economy, and does not wonder at this, seeing that the range of medical questions was already so extensive. He only does feel surprised that able men who belonged to one department of science, should speak so slightly of the discoveries of men like Malthus, Ricardo, Mill, Senior, J. S. Mill, McCulloch, Chalmers, Say, &c. He hoped such superficial criticisms will soon cease, and that his respected brethren would take the trouble

calmly to address themselves to the study of the works of these great men; without doing so, they are quite unfit to speak upon topics of public hygiene or morality, in his humble opinion.

Female Medical Education in London

The condition of female medical education in London is detailed in the report of the Female Medical Society, which was presented at the general meeting last week. During the last session there had been 12 entries of new students, and two more of the senior students had passed the preliminary examination in arts at Apothecaries' Hall. The total number of ladies who had entered as students during the five years was 81, of whom 43 were single, 22 married, and 16 widowed. Some of those ladies had attended the lectures merely as a means of intellectual culture. Several were relatives of clergymen, 17 were relatives of medical men, 10 were midwives (previously in practice), two were hospital matrons, three were superior nurses, one an artist, four were wives, widows or daughters of chemists, and one was prepared to act as medical missionary to India, in connection with the Society for the Propagation of the Gospel, while a considerable number were or would have been governesses, and some had been previously of no occupation. Some of the earlier students had settled in practice, and were succeeding admirably—one of them occupied a responsible position in connection with the Birmingham Lying-in Hospital, and another, who held a responsible appointment in London, received a salary of £100 for a small portion of her time.

The International Medical Congress at Florence.

L'Imparziale announces that the number of medical practitioners, Italian and foreign, who have already sent in their promises of support to the committee of the International Medical Congress is considerable. *L'Imparziale* invites the medical men of Italy to prove their hospitality and their fraternal feeling, and to make provision for the advent of the strangers who will attend the Congress, not only for their hospitable reception, but for a display of scientific work which may leave on their minds a favorable impression of the development and activity of medical science in Italy.

Danger of the Drinking Customs of Society.

The following is from an authoritative source—and it behooves our profession, whose mission is one of benevolence and mercy, to exert its powerful influence against the cause of so much evil:

Dr. DAY, Superintendent of the New York State Inebriate Asylum, recently delivered an address before the inmates of that institution, in which he stated that modern drinking families, more than bar-room or groggery, are the schools in which the fundamental principles of intemperance are taught.

Among other things he said: "It is my firm belief that no family accustomed to the daily use of ardent spirits ever failed to plant the seeds of that fearful disease which sooner or later produced a harvest of griefs. In every such family you may find the scroll of the prophet which was written within and without with mourning, lamentation and woes. It is here that the tender digestive organs of children are perverted and predisposed to habits of intemperance. From long observation I am convinced that one or more of the members of every wine-drinking family become, sooner or later, drunkards. Drunkenness, in every instance, is a simple failure of an attempt to drink moderately.

The Virtues of Oil of Turpentine.

And now cometh one D. A. MORRIS, a very wise man of Gotham, proposing, in a communication to the *Scientific American* to cure lock-jaw, and a few other trifling complaints (*without fail*), after this fashion—all very good and proper in its place, but old, very familiar to medical men, and not a certain cure:

I am extremely sorry to learn of the death of my old friend, Mr. John A. Roebbing. If I had known in time that he had lock-jaw I could have saved his life, and would willingly have traveled many miles to do it. Let any one who has an attack of lock-jaw take a small quantity of spirits of turpentine, warm it, and pour it on the wound—no matter where the wound is, or what its nature is—and relief will follow in less than one minute. Nothing better can be applied to a severe cut or bruise than cold turpentine; it will give certain relief almost instantly. Turpentine is also a sovereign remedy for croup. Saturate a piece of flannel with it, and place the flannel on the throat and chest—and in very severe cases three to five drops on a lump of sugar may be taken inwardly. Every family should have a bottle of turpentine on hand.

Effect of the Suez Canal on Climate.

If we are to believe M. Rayet, the climate of the Isthmus of Suez will undergo a transformation in consequence of the arrival of the sea in Lake Tim-sah and in the basin of the Bitter Lakes, and the creation of two immense sheets of water in a region where there existed nothing but marsh land occasionally inundated by the Nile.

This modification of climate has already become observable. According to the evidence of persons, who had resided on the spot as old employees of the Suez Company, the rains are much more frequent than they were five or six years since. *Apropos* of this report M. Buys-Ballot has addressed to the Academy of Sciences of Paris the conclusions of a work published some time since, in which he has shown that the drying of the sea at Harlem has modified the climate condition of the country. The result of numerous investigations is, that since the drying of these 19,000 hectares the temperature has risen half a degree in summer, and has fallen half a degree in winter.

Correspondence.

DOMESTIC.

Experience with some New Remedies.

EDS. MED. AND SURG. REPORTER:

The list of new remedies now so rapidly accumulating, calls forth the expression of those whose experience often saves useless expense and unnecessary trials.

American pepsine, recently introduced as a remedy in diarrhoea of children, I have found of no value whatever, even when combined with bismuth. No treatment is so unsatisfactory as that of diarrhoea occurring in children during dentition, especially in summer. Sub. nit. bismuth is irritating and very often vomited immediately after taken. I feel at a loss for some more effective treatment than is mentioned by Wood, Watson, Dickson, West or Meigs. I have used chalk mixture, blue mass with chalk mixture, Hope mixture, Calomel; with irritable stomach a combination of bismuth, quinine and hydractin, Hegeman's ferrated elix. of bark (a good remedy too), and numerous others, only to see my patients pass to other hands to be similarly treated.

The Kich Weed (*collinsonia canadensis*) is not inferior to Buchu in its effects upon the urinary organs; the negroes use it in gonorrhoea, and the weak backs complained of so much in old people—or young—it very seldom fails to relieve. Is there no fluid extract?

I have recently been using sväpnia and sweet quinine, the former with satisfaction, the latter is apt to nauseate. The larger dose and its unpleasant taste, although called sweet, are no advantage over the bitter, which can be sufficiently disguised by sweetened coffee, powd. ext. licorice or sweet milk.

We had one case of puerperal convulsion (Uraemic) coming on after birth of child. Bromide of potassium was often and freely given, without effect—the patient dying 110 hours after birth of child.

During the last year I have seen three cases of tetanus. The first, a boy aged 10, cut his foot; the wound healed rapidly, symptoms appeared soon afterwards, treated by Dr. Moore and myself with tinc. coc. indicus, tinc. Gelsemini and tinc. hyosciami (taken from medical reports as a remedy of Dr. Gross'), continued it in increasing doses for one week, with recovery; the muscles of the face during the entire treatment were relaxed from effects of the gelseminum.

The second case, a negro boy's leg run over by the cars; amputated by Dr. Byers; treated by the doctor with opiates, with recovery.

The third case, a Mexican's finger amputated; placed on opiate treatment by Dr. Bowers, and bled freely but died in a day or two.

T. C. THOMPSON, M. D.

Columbus, Tenn., July 28, 1869.

Spontaneous Cure of Hydrocele.

EDS. MED. AND SURG. REPORTER:

In the MED. AND SURG. REPORTER for July 17th, I find a communication from Dr. J. W. McAfee, entitled "Spontaneous Absorption of Serum in Hydrocele." This reminds me, somewhat, of a case that came under my notice. In May, 1857, Mr. C., aged 53, rode a distance of forty miles, on horseback, to my house, to have me operate for Hydrocele of six years standing. He insisted upon simple tapping, without injection. I consented to this; expecting, however, to have to repeat the operation at some subsequent time. I drew off thirty-three ounces of transparent fluid resembling sea water. He remained with me a week after the operation, when he returned to his home, on horseback. In the meantime, however, there had been a re-accumulation of fluid, amounting, perhaps, to five or six ounces, which led me to think that I would soon be called upon to repeat the operation, but in this I was disappointed. His ride home did not occasion any pain, or inflammation that he could discover, but the fluid did not increase; it remained for some weeks and then gradually disappeared. He has had no return of it. Twelve months after the operation the gentleman consulted me again, on account of an enlargement of the scrotum, in the same side—the left. This proved to be Hernia, which I reduced by taxis, and then applied a truss. The patient has felt no inconvenience from either Hydrocele or Hernia since.

S. W. JONES, M. D.

Pine Bluff, Ark.

NEWS AND MISCELLANY.

A Good Appointment.

Dr. BURT G. WILDER, whose profound suggestions and studies in the higher branches of anatomical science have been commented on several times in this journal, has accepted an invitation to deliver a course of twelve lectures before the Lowell Institute, Boston, next winter. His topic is to be "Hands and Feet," and we doubt not they will be found not less rich in interest to the scientific man than to the public.

Treatment of Corns

The *Scientific American* says:—Persons troubled with corns—and who is not?—will find great relief, and sometimes absolute cure, by the application of a slice of lemon to the affected parts, secured by a strip of cloth, on going to bed. We have tried it on a painful hard old fellow and found immediate relief.

A split cranberry, or cranberry poultice, we have often recommended for the same purpose.

The Acid Phosphates in Bread-making.

In the case of Rumford Chemical Works, of Providence, R. I., vs. Lauer, the validity of Professor HORSFORD's patented process for preparing the acid phosphates was recently tried before Judge BLATCHFORD, of New York. The disagreement of some of our most distinguished chemists in what would seem to be a plain problem in a positive science is somewhat remarkable. We copy from the *Scientific American*:

It appears that Prof. Eben N. Horsford, the distinguished chemist and *savant*, formerly of Harvard University, Cambridge, Mass., after long research and experiment, discovered a method of manufacturing the acid phosphates in such a form as to render them useful in the making of bread.

There is no cereal so well suited to the wants of man as wheat. Among its mineral constituents, highly necessary to the nutrition and building-up of the human system, are phosphates of potash, lime, magnesia and iron. But in the bolting processes employed to produce the fine, white flours which the public demands, these important minerals are more or less sifted out and lost.

The object of Prof. Horsford's improvements were to restore these missing ingredients to the flour and also to furnish a more convenient and better leaven than yeast for bread-making.

One of Prof. Horsford's preparations consists of a fine, white, dry acid powder, containing the necessary phosphates, which is mixed with common flour and baked in the ordinary manner. For leavening purposes, bicarbonate of soda is combined with the phosphate and the flour, and when the mass is wetted, carbonic acid is liberated, which leavens the dough perfectly, thus dispensing altogether with yeast.

The improvements of Prof. Horsford were duly patented, and the patents were purchased by the Rumford Chemical works of Rhode Island. The manufacture of the phosphate preparation has become an extensive business, and other parties are now seeking to take it up. It was to restrain one of these infringers that the present suit was brought.

On the part of the defense, the learned Benjamin Silliman, Jr., Professor of General and Applied Chemistry, of Yale College, George F. Barker, Professor of Physiological Chemistry and Toxicology, of Yale Medical College, Prof. Austin Flint, Jr., Prof. Charles A. Seely, and Mr. Place, all testified in the most positive manner, that by following an old formula of the celebrated chemist, Berzelius, given Gmelin, they had produced an acid phosphate in the form of a fine, white, dry, non-hygroscopic, homogeneous powder, capable of evolving carbonic acid and producing phosphate of soda in its reaction with bicarbonate of soda, and otherwise presenting all the properties of the article described in the plaintiff's patent. These witnesses had repeatedly tried the

formula and they exhibited specimens of the powders thus produced. One of the witnesses, Prof. Seely, testified that when the formula of Berzelius was intelligently followed it was impossible to produce any other substance.

On the other hand, the distinguished Professor R. OGDEN DOREMUS, of the Medical Societies in this city, testified for the plaintiff, that the formula of Berzelius does not contain such a description as will enable him, as a practical chemist, to produce such a substance as the previous witnesses had described. He had, he said, made but one trial, which resulted in a white powder having an acid taste which soon became inert, and would not, when mixed with bicarbonate of soda, set free carbonic acid.

Professor HORSFORD testified that he had devoted much time to the subject, but had been unable from the formula of Berzelius to produce the article described by the witnesses for the defense. The substance which he had produced was sometimes sticky, and from day to day lost its strength, until it had no capacity to decompose bicarbonate of soda.

Here was a marked disagreement in the testimony of the learned doctors; but it does not seem to have troubled Judge Blatchford very much. He decided the matter readily, and at the same time gave the learned professors a very useful lesson in practical chemistry, by advising them to make their acid solutions a little stronger, when they would probably be able to produce the substance described by the *savans* of Yale.

Although this trial has resulted adversely, in part, to the broad claims set up by the Rumford Chemical Works, it will not in any manner interfere with the continued manufacture of their excellent phosphoric acid preparations, which are made under the personal supervision of Prof. HORSFORD. If in point of law he is not the original discoverer of the acid phosphate powders, he is undoubtedly the first to develop a method of making them commercially available, and thus to put the public in possession of a valuable article, the use of which is of great importance as a constituent of food. The celebrated LIEBIG has stated that the nutritive value of ordinary flour is increased ten per cent. by the use of Professor HORSFORD's phosphatic bread preparations.

How Scalping Feels.

The *Detroit Free Press* contains the following graphic account by Mr. DELOS G. SANDBERTSON, of the summary manner in which a *poll tax* was collected of him recently, while on a visit to the Plains:

"I was in the infantry. Custer had command of the troops. There was quite a force of cavalry with us, but they were about a mile in the rear when we first discovered the reds. Some of the troops had

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been sent around so as to attack from the other side. The reds were camped in a sort of valley, and we were within eighty rods of them for half an hour before day-break. Just in the gray of morning, the firing commenced on both sides, and we had it all our own way for a few minutes, the cursed snakes being much confused, and not knowing what was up. At length they rallied, and we could hear Black Kettle shouting and ordering. The vermin got into holes and behind rocks—anywhere they could find a place, and began to fight with a will. We fired whenever we could see a top-knot, and shot squaws—there was lots of them—just as quick as Indians. When it was fully daylight, we all gave a big yell and charged right down into camp. The lodges were all a standing yet, and lots of Indians in them. As we run through the alleys, a big red jumped out at me from behind a tent, and before I could shorten up enough to run him through with my bayonet, a squaw grabbed me around the legs and twisted me down. The camp was full of men fighting, and everybody seemed yelling as loud as he could. When I fell I went over backward, dropping my gun, and I had just got part way up again, the squaw yanking me by the hair, when the Indian clubbed my gun and struck me across the neck. The blow stunned me; the squaws kept screeching and pulling my hair out by handfells. I heard some of our boys shouting close by, and the squaw started and ran, one of the boys killing her not three rods off. The Indian stepped one foot on my chest, and with his hand gathered up the hair near the crown of my head. He wasn't very tender about it, but jerked my head this way and that, like Satan. My eyes were partially open, and I could see the bead-work and trimming on his leggings. Suddenly, I felt the awfulest biting, cutting flash go round my head, and then it seemed to me just as if my whole head had been jerked clean off. I never felt such pain in all my life; it was like pulling your brains right out. I didn't know any more for two or three days, and when I came to I had the sorest head of any human that ever lived. If the boys killed the viper, they didn't get back my scalp; perhaps it got lost in the snow. I was shipped down to Laramie after a bit, and all the nursing I got hain't made the hair grow out on this spot yet."

Indelible Ink for Marking Linen.

Dr. REIMANN communicates the following to the *Scientific American*. We transfer it to our columns as it gives information on a subject that it is very natural to ask a physician about:

The following are a number of formulæ for preparing indelible ink to be made use of in marking linen. As they have all been thoroughly well-tried, and found effectual, it is to be hoped they may prove of some use to the public.

The linen is first moistened with a fluid, consist-

ing of a mixture of, 2 parts carbonate of soda in crystals, 2 parts gum-arabic, 8 parts of water, and then dried. When quite dry, it is rubbed with a glass cloth to render it as smooth as possible, so that it may be easier to write upon. The composition of the ink itself is as follows: $1\frac{1}{2}$ pts. nitrate of silver, 16 pts. distilled water, 2 pts. gum-arabic, and $\frac{1}{2}$ pt. of sap green. The nitrate of silver is first dissolved in the distilled water, and the gum-arabic and sap green are subsequently added.

It is necessary to write with a quill pen, all metallic pens except gold ones, decomposing the ink. It is a good plan to trace the letters on the linen with a pencil before writing them.

Marking linen is most conveniently effected by using a pencil and a small copper plate with perforations corresponding to the letters required. This plate is laid upon the linen, and the ink is applied with the pencil to the cut-out spaces, so that these spaces, and these alone are smeared with the ink.

The following ink is of service for marking linen with a pencil, when a metallic pattern-tracer is employed: 2 pts. Nitrate of silver, 4 pts. distilled water, $2\frac{1}{2}$ pts. gum-arabic, 3 pts. carbonate of soda crystals, 5 pts. liquid ammonia.

The best way to prepare the ink is to first dissolve the nitrate of silver in the liquid ammonia, and the gum-arabic and soda in the distilled water. The two solutions are then mixed together and slightly warmed, when the whole mixture becomes brown. A few drops of a solution of magenta, makes the ink somewhat more distinct. It is of course unnecessary in this method to previously moisten the spot with gum-arabic solution.

For very fine linen the following ink is best employed; 4 pts. Nitrate of silver, 24 pts. distilled water. To this solution liquid ammonia is added, until the precipitate which is first formed, is re-dissolved. Then a little sap green, indigo, etc., are ground together, and dissolved in a solution of 4 pts. gum-arabic, and this solution and that of the nitrate of silver are mixed together. The whole is then diluted until it occupies 32 parts. This ink is very limpid, and easy to write with.

When dry a hot iron need only be passed over the surface of the linen, when the letters will at once make their appearance, their tint being a deep black. The ink does not injuriously affect even the finest linen.

The discovery of an aniline black has led to the employment of this coloring matter in marking linen.

This ink has the advantage of being cheaper than the ink prepared from nitrate of silver. It has also another advantage over the latter salt, viz: that it is chemically indelible. The ink made with nitrate of silver can be removed by washing the linen with a solution of hyposulphite of soda, or by moistening it with a solution of bichloride of copper and then washing with liquid ammonia. This is not the case

